

County: \_\_\_\_\_ Corporation No: \_\_\_\_\_

Approved by the State Board of Accounts for  
Indiana Department of Education

School Corporation/Charter School Name: \_\_\_\_\_

**SUMMARY CLAIM FORM 2006-2007**  
**SCHOOL TEXTBOOK REIMBURSEMENT CONTINGENCY FUND**

Col 1	Col 2	Col 3		Col 4	Col 5	Col 6	Col 7	Col 8	Col 9
Grade Level	Number of Eligible Students	Total Cost of Textbooks	x 0.20 =	Total Textbook Entitlement	Total Cost of Consumable Textbooks and Workbooks	Total Cost of Consumable Instructional Materials for Eligible Gifted & Talented Students	Special Education Students	Total Cost of Developmentally Appropriate Materials	Total Amount Claimed (4+5+6+7+8)
K	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	= \$ _____
01	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	= \$ _____
02	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	= \$ _____
03	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	= \$ _____
04	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ N/A	= \$ _____
05	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ N/A	= \$ _____
06	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ N/A	= \$ _____
07	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ N/A	= \$ _____
08	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ N/A	= \$ _____
09	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ N/A	= \$ _____
10	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ N/A	= \$ _____
11	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ N/A	= \$ _____
12	_____	\$ _____	x 0.20 =	\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ N/A	= \$ _____
TOTAL	_____	\$ _____		\$ _____	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____	= \$ _____

The undersigned certify that this report is true and accurate in accordance with IC 20-8.1-9 in every respect to the best of their knowledge and belief, and that no part of same has been paid by the State.

_____	_____	_____	_____	( ) _____
Date	Signature of Superintendent	Preparer's Signature	Preparer's Name (Print)	Phone Number

Return to: **Indiana Department of Education**  
**Office of Financial Management, Analysis, and Reporting**  
**Room 229, State House**  
**Indianapolis, IN 46204-2798**

**CLAIM MUST BE RECEIVED**  
**ON OR BEFORE OCTOBER 31, 2006**